

**APPLICATION FORM FOR SAFE DISPOSAL OF DRUGS, COSMETICS,**

# HOUSEHOLD CHEMICALS, MEDICAL DEVICES AND INVESTIGATIONAL PRODUCTS

Applicant's FDA

Check list Double Check

CHECKLIST

|  |  |  |
| --- | --- | --- |
|   | Covering Letter  |   |
|   | Signed Declaration  |   |
|   | Fully Completed Application Form  |   |

|  |  |  |
| --- | --- | --- |
|   | Attached Inventory in the recommended format  |   |
|   | Evidence of Payment of Required Fees  |   |

 FDA/MCH/MSD/AP-SDP/2019/01

**APPLICATION FORM FOR SAFE DISPOSAL OF COSMETICS,**

# HOUSEHOLD CHEMICALS, MEDICAL DEVICES AND INVESTIGATIONAL PRODUCTS

## A. PARTICULARS OF APPLICANT

1. Name of Company:……………….………………………………………………………..
2. Postal Address: ………………………………………….….…………

………………………

……………………………………………………………………………………………………

1. Location

Address:……………………………………………………………………………….

…………………………………………………………………………………………………….

Tel:...........................…………………..……………….

Fax:……………………………………

E-mail…………………………………………………………..……………...............................

1. Contact Person:……………………………………………………………………………….
2. Position:………………………………………………………………………………………...

1. Relevant Activity (please tick all that apply)

|  |  |
| --- | --- |
|   |  |
|   |
|  |

|  |
| --- |
|   |
|   |

Manufacturer Importer

Distributor Retailer

Other (please specify)………………………………………………….

## B. PARTICULARS OF THE PRODUCTS

1. Product Category:

|  |  |
| --- | --- |
|   |   |
|  |  |

* 1. Drugs d. Household Chemical Substance

* 1. Medical Devices e. Investigational Products

|  |  |
| --- | --- |
|   |   |
|  |  |

* 1. Cosmetic f. Other :

|  |  |
| --- | --- |
|   |   |
|  |  |

1. Kindly provide information on the product(s) by completing the table attached.

It should be submitted in both **hardcopy** and **soft** (*excel format*).

* + 1. Product Description
		2. Quantity
		3. Unit Cost
		4. Total Cost
		5. Reason for disposal
		6. Batch (*applicable to recalled SF products*)

## Declaration

I/We, the undersigned, hereby declare that all information contained herein is correct and true.

Name of Authorized Person:…………………………………………………………

Position:………………………………………………………………………………….

Signature:………………………………………

Date:………………………………………….

Official Stamp:

Page **3** of **4**

*Effective Date: 1st March, 2019*

 FDA/DRI/DMS/AP-SDP/2019/01

# INVENTORY OF PRODUCTS FOR SAFE DISPOSAL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.I No.**   | **Product Description**   | **Quantity**   | **Unit Cost**  **(GH₵)**   | **Total**  **(GH₵)**   | **Reason for Disposal**   | **Batch No.**  **(applicable to recalled** **SF Products)**   |
| 1  | Eg. Vermox500mg  | 2pkt  | 10.10  | 20.20  | Expired  |   |
| 2  | Coartem 20/120  | 1pkt  | 6.50  | 6.50  | Damaged  |   |
| 3  |   |   |   |   |   |  |
| 4  |   |   |   |   |   |  |
| 5  |   |   |   |   |   |  |
| 6  |   |   |   |   |   |  |
| 7  |   |   |   |   |   |  |
| 8  |   |   |   |   |   |  |
| 9  |   |   |   |   |   |  |
| 10  |   |   |   |   |   |  |
| 11  |   |   |   |   |   |  |
| 12  |   |   |   |   |   |  |

Page **4** of **4**

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